



## Texas Department of Health

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March 24, 1998

Dear Friends and Colleagues:

I am pleased to present the Bureau of HIV and STD Prevention Strategic Plan. This document is the result of several months of conducting a strategic planning process that included participation from central and regional HIV/STD staff and local health department and AIDS services organization staff. The involvement of both internal and external customers of the Bureau is reflected in the strategies identified by the Strategic Planning Steering Committee.

The Strategic Planning Steering Committee will meet periodically to monitor the implementation of the Strategic Plan and make the changes necessary to meet the demands imposed by the challenges of the Bureau's changing environment. Thank you to all who participated in this important process!

Sincerely,

Charles E. Bell, M.D.  
Chief, Bureau of HIV and STD Prevention

**Texas Department of Health  
Bureau of HIV and STD Prevention  
Strategic Plan**

April 3, 1998

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## **Acknowledgments**

The Bureau of HIV and STD prevention is indebted to the members of the Strategic Planning Steering Committee for their commitment over the last 14 months to the development of the strategic plan. Their leadership and guidance throughout this process have resulted in the establishment of a common direction for Bureau programs and services. Every Branch in two of the three Divisions of the Bureau had staff participating in one or more phases of the strategic planning process. Steering Committee Members who work out of Regional offices traveled to Austin to participate in every Steering Committee meeting. External customers participated on all strategy work groups that addressed issues affecting them. Members of the Steering Committee and those who participated in the Strategy Work Groups are listed in Appendix 1. The Planning Staff, Mary Somerville of the Policy Unit and John Osborn of the Research and Program Evaluation Branch, provided staff support for the strategic planning process. The Strategic Planning process has been supported by the Bureau Chief and addressed at every Bureau Staff meeting since it was initiated in September of 1996. This document was prepared by Planning Staff of the HIV/STD Health Resources Division, Bureau of HIV and STD Prevention.

# **Executive Summary**

## **Background**

In 1994 the Bureau of HIV and STD Prevention reorganized to merge the functions of the HIV and STD programs and to better serve the Bureau's customers. Over several months staff of the Bureau participated in the development of mission and vision statements for their branches and for the Bureau. In September of 1996, the Bureau of HIV and STD Prevention began a process to develop a Strategic Plan that would set priorities and guide our response during the next three years to the challenges of a continually changing environment. Because this was the Bureau's first attempt at developing a Strategic Plan, the process allowed the opportunity for maximum participation from individuals within and outside of the Bureau. Participation from staff in regional and central office sites (TDH internal customers) in addition to contractors and local health departments (TDH external customers) was a critical component of the process. The Mission Statement formed the basis upon which the Bureau's Strategic Plan was created.

## **Process**

A steering committee process was used to develop the Bureau's Strategic Plan. Applications for membership on the steering committee were solicited over a three-week period. Special effort was made to recruit individuals from all levels of the organization and external customers. A twenty-four member Strategic Planning Steering Committee (hereinafter, to be referred to as the Steering Committee) was created composed of regional and central office staff and one external customer. The Steering Committee met seven times from September '96 thru October '97.

Roles, responsibilities, and tasks were decided upon during the initial meetings. Two of the meetings were devoted to developing criteria to select strategies and issues. Issues were solicited via the web site, electronic mail, a mailing to internal customers, and through the solicitation efforts of Steering Committee members. More than seventy items were received from internal and external customers for consideration as issues by the Steering Committee. Applying the selection criteria, Steering Committee Members selected six unique strategic planning issues. They are listed here alphabetically and are not ranked in any order:

- © Contractor Capacity to Perform is at variable levels.
- © Early access to quality care is: limited, fragmented, incomplete and inconsistent.
- © HIV/STD Integration is: fragmented, poorly defined, present in variable degrees of integration, and has variable support.
- © STD Prevention and treatment is under-emphasized.
- © Surveillance for HIV/STD is incomplete and under-utilized.
- © TDH HIV/STD Staff's capacity to excel at current tasks and effectively respond to change is limited.

Several other cross-cutting issues were identified which Steering Committee members

agreed should be considered when developing strategies. Strategy Work Groups were created with Steering Committee members taking on the responsibility for recruiting a mix of internal and external customers that could lend expertise to and develop strategies for the issue assigned to them. These are listed in detail in the “Issues and Strategies” section of this document. The Steering Committee directed that those items deemed to be more appropriate for an operational plan be provided in this report as options to be considered by those who will implement the strategies. These options are listed in detail in Appendix 3, Options for Operational Plans.

## **Outcomes**

The Strategic Planning process:

- ℄ has systematically allowed the Bureau to focus its limited resources on selected issues that are a priority for managing HIV and STD programs and services in Texas;
- ℄ has provided a mechanism to implement an inclusive process that fosters joint decision making on critical HIV and STD issues;
- ℄ has created an opportunity for open dialogue among peers in an environment where participants are free of the communication barriers that sometime exist in a contractual or customer relationship;
- ℄ has provided direction to HIV and STD program staff and informed the Bureau's customers upfront of the priorities that our limited resources will be directed to;
- ℄ will provide a mechanism for all HIV and STD program staff and external customers to develop operational plans that implement the strategies appropriate to their region, division, and local program.

## **Conclusion**

The Bureau of HIV and STD Prevention's Strategic Plan will be monitored on an on-going basis by the Steering Committee. While the strategies are intended to be accomplished over a three-year period, changes are likely to occur as operational plans are developed and staff begins to implement them. The Steering Committee is responsible for revisiting the strategies and making appropriate changes. In addition, major funding and legislative and policy changes to the Bureau's environment may require different strategies to address the issues in the Strategic Plan. The Strategic Planning process should be flexible enough to allow for these changes.

## **BUREAU OF HIV AND STD PREVENTION MISSION STATEMENT**

Our mission is to prevent, treat, and/or control the spread of HIV, STD, and other communicable diseases to protect the health of the citizens of Texas. In keeping with this mission, we procure, allocate, and manage fiscal and human resources so that we may:

- ℄ Provide HIV/STD education and information,
- ℄ Collect, interpret, and distribute data relating to HIV and STD,
- ℄ Provide guidance to those who oversee, plan for, or provide HIV and STD services, and
- ℄ Provide medication and supplies to prevent, manage, and treat communicable diseases.

In pursuit of this mission, we will make every effort to assure that the citizens of Texas receive quality services.

## **BUREAU OF HIV AND STD PREVENTION VISION STATEMENT**

We envision a workplace where people are engaged in work that is meaningful, productive, and beneficial to society. We are committed to excellence and high quality customer service.

We hold ourselves to the following standards: mutual respect, trust, cultivation of diversity, accountability, personal responsibility, and loyalty. We are committed to teamwork, effective planning and organization, efficiency, and open, honest expression and communication. Our challenge is to balance the needs of the group with those of the individual.

We expect equal access to the things we need to do our jobs and a pleasant physical environment. We expect our personal growth and professional development to be supported and our achievements to be rewarded.

Every step towards fulfilling our vision moves us closer to our goals of minimizing bureaucracy, reducing intolerance, and slowing the spread of the human immunodeficiency virus and sexually transmitted diseases.

# **Issues and Strategies**

## **Introduction**

The Bureau of HIV and STD Prevention's Strategic Plan addresses six issues. The issues are listed alphabetically. The Steering Committee ranked the order of the strategies for each issue. A number one ranking means the Steering Committee gave this strategy the highest priority. The alpha letters at the end of each strategy reference a program-specific option identified by Strategy Work Groups for consideration in the development of operational plans. These options are listed in detail in Appendix 3, "Options for Operational Plans."

The Steering Committee developed broad strategies to allow those who will eventually be charged with the responsibility of implementing them enough flexibility to develop operational plans specific to their program capabilities, resources, and customer needs. The ranking of the strategies and the program-specific options are guidelines for the development of operational plans to implement the strategies that address each issue.

### **Issue: Contractor Capacity to Perform is at variable levels**

#### **Strategies:**

- #1 Clarify TDH expectations for contractor performance. *(a,b)*
- #2 Improve and expand comprehensive program collaboration beyond HIV/STD integration.
- #3 Improve methods of determining contractor needs.
- #4 Enhance community support and leadership. *(c)*

### **Issue: Early access to quality care is limited, fragmented, incomplete, and inconsistent.**

#### **Strategies:**

- #1 Enhance the efficacy of the provision of HIV/STD treatment options. *(d,e)*
- #2 Expand STD prevention and treatment services through HIV clinical contractors. *(e,f)*
- #3 Increase HIV/STD knowledge and skills for health professionals. *(e,g,h,m)*
- #4 Enhance and expand clinical services to women with HIV/STD. *(i,l)*
- #5 Improve contractor performance to meet the objectives and scope of work requirements of the service contract. *(j,k)*
- #6 Expand access to HIV/STD services for targeted/under served populations.

**Issue: HIV/STD Integration is fragmented, poorly defined, present in variable degrees of integration, and has variable support.**

**Strategies:**

- #1 Improve and expand the Knowledge, Skills and Abilities (KSA's) of HIV/STD staff and providers across programs. *(n,o,q)*
- #2 Improve and expand the delivery of comprehensive HIV/STD services to clients. *(p,r,q,s)*
- #3 Simplify and standardize communication, data reporting and information exchange within the HIV/STD Program (all levels). *(t)*
- #4 Reduce barriers to collaboration and communication within the HIV/STD Programs (all levels). *(u,v,w)*
- #5 Improve support at the Bureau level for integration of HIV/STD Programs. *(x,y)*

**Issue: STD Prevention and Treatment is under-emphasized.**

**Strategies:**

- #1 Strengthen and expand STD clinical and laboratory services. *(z)*
- #2 Strengthen and expand STD prevention education services. *(aa)*
- #3 Improve disease and behavioral surveillance for STD. *(bb)*
- #4 Increase public support and awareness of STD prevention and treatment. *(cc)*

**Issue: Surveillance for HIV/STD is incomplete and under-utilized.**

**Strategies:**

- #1 Improve ability to monitor the HIV epidemic. *(dd)*
- #2 Enhance efficiency of surveillance systems and resources. *(ee,ff)*
- #3 Improve compliance with reporting requirements. *(gg,hh,ii,jj)*
- #4 Expand the collection and use of behavioral surveillance data. *(kk,ll,)*
- #5 Improve and expand dissemination of HIV/STD data. *(mm,nn)*
- #6 Enhance TDH capacity to identify and respond to HIV/STD outbreaks. *(oo)*

**Issue: TDH HIV/STD staff's capacity to excel at current tasks and effectively respond to change is limited.**

**Strategies:**

- #1 Improve the definition of employee roles and responsibilities. *(pp,oo)*
- #2 Improve the process to systematically provide relevant staff development. *(rr,ss,tt)*
- #3 Foster creative thinking and problem-solving. *(qq)*
- #4 Improve ability to use new developments and technology.

## **Recommendations for Implementation**

The Steering Committee makes the following recommendations for implementing the Strategic Plan:

- ℓ Implementation Teams should be cross divisional, collaborating among branches and including external customers when appropriate.
- ℓ Goals and objectives for operational plans should be coordinated to avoid conflict and inconsistencies.
- ℓ Operational Plans should be written in a standard format.

## **APPENDICES**

## **STRATEGIC PLANNING STEERING COMMITTEE MEMBERS**

1.	BLASS, CASEY	512-490-2515
2.	CLAY, PAUL	817-778-6744
3.	DEAN, CORKY	817-264-4000 Ext. 2395/817-264-4392
4.	GREEN, DIANNE	512-490-2525
5.	HENSLEY, RICHARD	903-533-5271
6.	HILLMAN, SUSAN	512-490-2525
7.	HOEHNS, DAVID	806-264-4000
8.	JAVEY, TAMMI	512-490-2520
9.	JOHNSON, MEL	512-490-2520
10.	KANTOR, LOIS	512-490-2515
11.	KING, SHARON	512-490-2555
12.	LEE, JIMMY	512-490-2515
13.	MCDANIEL, DONNA	512-490-2555
14.	MELVILLE, SHARON K.	512-490-2545
15.	NGHIEM, ALEX	512-490-2680
16.	NOAH, ALLEN	512-490-2520
17.	ROBBINS, ANN	512-490-2555
18.	SAVAGE, SARANA	915-683-9492
19.	SHEFFIELD, TOM	512-707-3246
20.	SOMERVILLE, MARY	512-490-2525
21.	THOMPSON, GENE	512-490-2560
22.	TOBUREN, RAY	512-490-2535
23.	WELLS, CATHY	512-490-2545
24.	ZUMBRUN, JANNA	512-490-2520

## Strategy Work Groups

### **Contractor Capacity Building (includes Key Community Providers):**

Ray Toburen (512) 490-2535

David Hoehns (806) 264-4000

**Workgroup Leader: Jamie Schield (214)**

#### **521-5124**

Michelle Persica (512) 490-2525

Susan Burkham (512) 490-2560

John Kosinski (512) 490-2520

Patricia Melchior (512) 490-2530

Christine Redford (817) 264-4397

Johnny Mayfield (214) 819-2155

Carol Mieger (214) 905-2173

### **Early Access to Quality Care.**

Janna Zumbrun (512) 490-2520

Susan Hillman (512) 490-2525

**Workgroup Leader: Debra Seamans (512)**

#### **490-2505**

John Osborn (512) 490-2555

Sheral Skinner (512) 490-2510

James Green (512) 490-2520

Diane Blocker (214) 819-2129

Carie Relyea (915) 580-0713

Mel Johnson (512) 490-2520

Tony Schmitt (512) 490-2520

### **Improve Surveillance**

Sarana Savage (915) 683-9492

Jim Lee (512) 490-2515

**Workgroup Leader: Michelle Thomas (512)**

#### **490-2560**

Sam Lassiter (903) 533-5385

Linda Lopez (817) 778-6744

Darius Todd (512) 490-2550

Issy Mora (915) 772-3366

Barry Mitchell (512) 490-2545

Julie Rawlings (512) 458-7228

### **Integration of HIV/STD programming to enhance prevention.**

Dianne Green (512) 490-2525

Paul Clay (254) 778-6744

**Workgroup Leader: Jane Jenson (817)**

#### **871-7364**

Stephanie Connell	(512) 708-3500
Will Brown	(512) 490-2520
Lizabeth Kelley	(512) 490-2535
John Paffel	(713) 794-9281
Jim Koch	(512) 490-2555
Doug Hamaker	(512) 490-2560

**Increase TDH capacity to excel at current tasks and effectively respond to change.**

Ann Robbins	(512) 490-2555
Gene Thompson	(512) 490-2560

<b>Workgroup Leader:</b>	<b>Jenny Penny</b>	<b>( 5 1 2 )</b>
<b>490-2520</b>		

<b>Workgroup Leader:</b>	<b>Billie Ray</b>	<b>( 8 0 6 )</b>
<b>767-0499</b>		

Kari McDonald	(512) 490-2525
Beverly Nolt	(512) 490-2535
Jeffery Seider	(512) 490-2525
Deborah Mayhew	(210) 949-2154
Carmen Reyes	(512) 458-3616
Dayton Ruprecht	(512) 490-2550
Gayle Escobedo	(512) 490-2530

**Strengthening the focus on STD prevention and treatment.**

Sharon King	(512) 490-2555
Alex Nghiem	(512) 490-2550

<b>Workgroup Leader:</b>	<b>Don Hutcheson</b>	<b>( 2 1 4 )</b>
<b>819-2155</b>		

Jamie Browder	(512) 490-2525
Allen Noah	(512) 490-2520
Richard Armor	(512) 490-2560
Sid Arnett	(512) 490-2560
John Harborth	(512) 490-2525
David Clark	(512) 490-2535
Jay Molofsky	(512) 469-2140

## **Bureau of HIV and STD Prevention Strategic Planning Process**

The implementation of the strategic planning process began with a presentation to all Bureau staff and the recruitment of individuals to participate on a Strategic Planning Steering Committee. Widespread recruitment efforts resulted in twenty-four individuals from various levels and locations within and outside of the organization serving on the Steering Committee. Seven Steering Committee meetings were held between December 1996 and October 1997. During the first five of these, the Steering Committee identified their role and responsibilities; determined the steps in the strategic planning process; reviewed the Bureau's strengths, weaknesses, opportunities and threats (known as a SWOT analysis); developed criteria for selecting and determining the priority of issues and strategies based on the SWOT analysis, and; agreed on the mechanisms for collecting issues and strategies. The last two meetings were two days each and were devoted to selecting the issues and strategies presented in the Strategic Plan. At the conclusion of these meetings six critical issues and several strategies for each issue were developed for inclusion in a draft strategic plan provided to Steering Committee Members for review and comment.

Development of the plan was based on the principles of inclusion, maximum participation from internal and external customers of the Bureau, and information-sharing on the process through meetings, the web site and e-mail. A campaign to obtain information from customers to do a SWOT analysis, an open solicitation for issues, and the development of strategy work groups were key events that provided opportunity for participation. The Steering Committee used a variety of tools to process the massive amount of information produced by these events. A few of these are included in this document. To include all of the tools and meeting activities used in the strategic planning process was not practical. A list of these is included and may be obtained upon request.

For more information about the strategic planning process contact:

Kitten Holloway, MPH, Planning Manager  
Texas Department of Health  
Bureau of HIV and STD Prevention  
HIV/STD Health Resources Division  
1100 W. 49th St.  
Austin, Texas 78756  
(512) 490-2525

## **Bureau of HIV And STD Prevention Strategic Planning Tools/Activities**

1. Strategic Planning Presentation - Overheads
2. Marketing Flyer
3. Steering Committee Application Form
4. Issues and Strategies Forms
5. Steps in the Strategic Planning Process - Flow Chart
6. Strengths, Weaknesses, Opportunities and Threats (SWOT) Solicitation and Form
7. Decision Matrix Form - Criteria for Determining Issues
8. Decision Matrix Form - Criteria for Determining Strategies
9. Snowcarding Exercise
10. Strategy Work Groups - Solicitation Form

### **References:**

1. "Strategic Planning For AIDS Service Organizations: A Practical Guide and Workbook", National Minority AIDS Council, Jude Kaye and Mike Allison.
2. Strategic Planning Steering Committee Members. Several work groups of Steering Committee Members provided the tools and activities used in the strategic planning process.

## Bureau of HIV and STD Prevention Strategic Planning Steering Committee *REQUEST FOR ISSUES*

### Background Information

A Strategic Planning Steering Committee was formed to guide the development of the Strategic Plan for the Bureau of HIV and STD Prevention. Highlights of the Committee to date include selecting criteria for determining the priority of issues and collecting input from TDH staff on the Bureau's strengths, weaknesses, opportunities and threats. Responses received so far to be considered for inclusion in the Strategic Plan include these issues:

- ℄ improve access to early care
- ℄ improve STD prevention
- ℄ improve management accountability.

### Action

The Steering Committee is soliciting additional issues to be considered for inclusion in the Strategic Plan from staff and from those who are impacted by our programs and services. Volunteers are also being sought to lead strategy work groups that will be formed once issues are selected by the Steering Committee. To participate:

- ℄ Complete the Request for Issues form by **August 18, 1997**;
- ℄ Initiate and participate in group discussions with peers to identify issues and complete the form as a group
- ℄ Encourage and participate in open forums and broad-based discussions that will generate issues to be documented on the form
- ℄ Present issues to members of the Steering Committee if you are uncomfortable putting them in writing
- ℄ Mail the completed issues form to the address noted below or deposit it in the strategic planning box in the break room of the Kramer Lane office

Please return the Workgroup Leader form at the end of this document if you are interested in volunteering to lead a strategy work group.

### Request for Issues

A form for submitting issues to be considered by the Strategic Planning Committee is available:

- ℄ On the Bureau web site at [www.tdh.state.tx.us/hivstd](http://www.tdh.state.tx.us/hivstd) under Strategic Planning.
- ℄ By request through e-mail file attachments. (Copies sent to regional HIV/STD coordinators.)
- ℄ By request through the U.S. mail.
- ℄ In the Bureau of HIV and STD Prevention office on Kramer Lane.

### Returning Forms

**The deadline for submitting issues is August 18, 1997. Please return forms to:**

Strategic Planning Steering Committee  
C/O Planning Unit, Health Resources Division  
Bureau of HIV and STD Prevention  
Texas Department of Health  
1100 W. 49th St., Austin, Texas, 78756

**Contact Person**

For additional information on the development of the Strategic Plan or a list of Steering Committee members please contact:

Kitten Holloway, MPH, Planning Manager  
Phone: (512)590-2525  
Fax: (512) 490-2534.

Issues will be initially screened based on the following threshold criteria:

- ☐ Does this issue address the Bureau's Mission?
- ☐ Is this issue ethically possible?
- ☐ Is this issue legally possible?

**NOTE:** *Internal customers* are defined as those entities inside the Texas Department of Health and TDH Staff. *External Customers* include, but are not limited to contractors, local health departments, clients, community and general public.

Please submit issues you would like considered for inclusion in the Strategic Plan. Use one form for each issue. Justify the issue based on the criteria. Following is an example form and a blank form for submitting your own issues.

***Thank you for taking time to share issues for this important project!***

## Bureau of HIV and STD Prevention

### ***ISSUE EXAMPLE FORM (PAGE 1)***

***Please complete a separate form for each issue you would like the Steering Committee to address.***

**State the issue for consideration: Improve STD Prevention**

There has been an overwhelming focus on HIV as demonstrated by: level of funding for HIV and STD programs; staffing; time devoted to HIV vs STD issues; imbalance of existing staff knowledge and expertise in HIV and STD.

*For each criteria below, check the most appropriate response. Then provide justification for your response.*

**I. How critical is this issue?**

- . 1. It is not necessary to address this issue
- . 2. We could address this issue
- . 3. We should address this issue
- . 4. We must address this issue
- ☒ 5. We absolutely have to address this issue

**Justification:** Early detection and intervention is critical to reducing the transmission of HIV and STDs to partners and reducing the risk of becoming infected by partners.

**II. Scope of benefit**

- . 1. No benefit
- . 2. Internal benefits only
- . 3. External benefits only
- . 4. More benefit to external, but some benefit to internal
- ☒ 5. High benefit to internal and external

**Justification:** Improving STD prevention will have both internal and external benefits. It will increase availability of staff knowledge and expertise; result in identification of populations at highest risk for HIV infection, and through early detection and intervention would reduce the risk of HIV and other STDs to partners.

**III. Importance to internal and external customers? (from the customer's point of view)**

- . 1. Not important to either internal or external customers
- . 2. Very important to internal customers, not as important to external customers
- . 3. Moderately important to both internal and external customers
- ☒ 4. Very important to external customers, not as important to internal customers
- . 5. Very important to both internal and external

**Justification:** Very important to external customers to intervene at the earliest possible point of contact to reduce the risk of infection from HIV and other STDs.

## Bureau of HIV and STD Prevention

### EXAMPLE FORM (PAGE 2)

**IV. Resource intensity**

- . 1. Massive reallocation and/or new resources required
- . 2. Large reallocation and/or new resources required
- . 3. Moderate reallocation and/or new resources required
- u 4. Some adjustments and/or new resources required
- . 5. Fits existing programs resources

**Justification:** Some adjustments and/or shifting of resources would be required. Shifting the emphasis to STD prevention would fit into existing staff resources

**V. Is the issue within the control of the Bureau?**

- . 1. No control or influence
- . 2. Low level of control or influence
- . 3. Moderate level of control or influence
- u 4. High level of control
- . 5. Complete control or influence

**Justification:** The focus and priorities can be shifted within the Bureau to reflect a programmatic emphasis on STDs.

**VI. Forward thinking**

- . 1. Reversal of progress
- . 2. Status Quo
- . 3. Opens opportunities to move ahead
- u 4. Positions us for the future
- . 5. Catapults us into the future

**Justification:** Improving STD prevention facilitates the integration of HIV and STD programming; identification of STDs is a marker for unsafe behavior in populations that are at risk for HIV; shifting emphasis to STD prevention would be a shift to a model of prevention that has proven effective; improving STD prevention has support from those who are responsible for addressing women's health issues.

**Additional comments or reasons why you think this issue is important:**

**Bureau of HIV and STD Prevention**

**Strategic Planning Steering Committee**

**Strategy Submission Form**

**NAME OF ISSUE:** \_\_\_\_\_

**STRATEGY WORK GROUP LEADER:** \_\_\_\_\_

*Please complete a separate form for each strategy you would like the Strategic Work Group to consider.*

**State the strategy for consideration:**

*For each criteria below, check the most appropriate response, then provide justification for your response.*

**I. What kind of impact will this strategy have on community/client health?**

1. Unchanged
2. Moderate improvement
3. Great improvement

**Justification:**

**II. How will this strategy affect resource intensity?**

1. Massive reallocation and/or new resources required
2. Large reallocation and/or large amounts of new resources required
3. Moderate reallocation and/or new resources
4. Minor adjustments and/or new resources required
5. Fits existing programs resources

**Justification:**

**III. Will this strategy be acceptable to our External Customers?**

1. Not acceptable to any
2. Acceptable to some/not most
3. No opinion/not known
4. Acceptable to most
5. Acceptable to all

**Justification:****IV. What impact will this strategy have on Bureau Procedures Staff Support/Staff?**

1. Positive impact on a single program within a division, negative impact on another division's program
2. Positive impact on multiple programs within a division, negative impact on another division's program
3. Positive impact on a single program within a division, no impact on another division's program
4. Positive impact on multiple programs within a division, no impact on another division's programs
5. Positive impact on one or more programs within a division and, positive impact on another division's programs

**Justification:****V. How easily could this strategy be implemented?**

1. Impossible to implement
2. Very difficult to implement
3. Difficult but fun
4. Easy to implement
5. Easy and fun

**Justification:****VI. Can this strategy measure visible improvement?**

1. Not measurable
2. Partially measurable
3. Easily measurable

**Justification:**

# Options for Operational Plans

## Introduction

Strategy Work Groups provided the Steering Committee with an exhaustive number of items that ranged from broad approaches to addressing an issue to program specific activities. Several strategies were drafted as a result of their work. The Steering Committee agreed that program-specific activities were more appropriate for inclusion in an operational plan. The Steering Committee recommended that these be listed as options for consideration by those who will eventually be assigned to develop operational plans for implementing strategies. The activities are listed as they have been referenced in the "Issues and Strategies" section of the Draft Strategic Plan. Many of the program-specific activities may be applied to more than one strategy.

- a. Apply program and administrative standards to TDH funded agencies
- b. Provide contractor orientation to TDH grantees
- c. Target Ryan White Consortia and HIV Prevention Community Planning Groups
- d. In order to increase funding to purchase lab work necessary to manage HIV-positive client medications and other aspects of health status, Bureau will finalize and implement a process to locate a single-source, low cost viral load testing resource. This reference laboratory source will provide rapid test result turn-around time with low "batch load" requirements and be able to deliver services throughout the state of Texas.
- e. In order to increase professional knowledge and skills, and to increase the quality of client care, the Bureau will provide HIV clinical contractors with sexually transmitted disease (STD) diagnosis and treatment protocols, and will require HIV clinical contractors to screen for and treat common STDs.
- f. In order to increase access to STD prevention and service provision for high-risk populations, require all HIV contractors to fund basic STD screening and treatment.
- g. In order to enhance professional knowledge and skills, implement a requirement for standardized case management training for all contractors and subcontractors who provide this service. The responsibility for the provision of training is with the contractor, with technical assistance from the Bureau staff to locate acceptable resources.
- h. In order to increase professional knowledge and skills, partner with national/state professional organizations and accrediting bodies, and schools of medicine, dentistry, nursing and pharmacy in Texas to provide expanded opportunities for training and education of health professionals regarding prevention, diagnosis and treatment for STDs and HIV/AIDS.
- i. Address perinatal transmission (HIV, syphilis, herpes, CT,GC, etc.)
- j. In order to increase professional knowledge and skill of contracted providers, require that all "top contenders" for each contract executed by the Bureau undergo a pre-contract assessment to verify their ability to perform the scope of work defined in the grant proposal.

- k. In order to enhance professional knowledge and skills, the Bureau should develop and implement written minimum standards of performance for all contracts that are overseen.
- l. In order to increase funding to provide gynecologic services, including screening Pap smears and diagnostic colposcopy services, to women infected with HIV, and STDs and to increase professional knowledge and skill about these services, implement cooperative initiatives with other Bureaus, including Bureau of Clinical and Nutrition Services/Women's Health. These initiatives should include locating and delivering services and educating clinicians.
- m. Refer to the "Institute of Medicine Report" section on training and education for health professionals.
- n. Cross-train HIV and STD staff in complementary skills using or adapting existing appropriate Training and Public Education Branch curricula (e.g., STDs Facts and Fallacies, ISTDI, Partner Elicitation (PE), Prevention Counseling (PC), etc.).
- o. Early intervention and case management staff will be trained in partner elicitation.
- p. Use STD peer review to build expertise and provide STD evaluation and technical assistance.
- q. Focus future conferences on how to increase the integration of HIV and STD services.
- r. Develop a system to monitor and evaluate quality of HIV and STD programs.
- s. Increase STD expertise and leadership.
- t. Communications links should be direct, with common documentation and compatible electronic systems for funding, referrals and reporting used by HIV and STD programs.
- u. Increase and formalize networking and team building at all levels (state, regional, local) between HIV and STD programs. This should include developing common language that promotes HIV/STD integration and planning how collaboration and referral will be carried out.
- v. Develop and require STD expertise in HIV Program delivery and HIV expertise in STD program delivery, including: education, outreach, counseling, risk reduction, referrals, evaluation and treatment. When possible deliver comprehensive HIV/STD services onsite; streamline referrals with efficient collaboration when onsite delivery is not possible. Example: Ft. Worth Program.
- w. Use common language across HIV and STD programs.
- x. Central office will model collaboration and cooperation of HIV and STD services (e.g., through HIV/STD shared monitoring and review activities, technical assistance, training, etc.).
- y. HIV funding and STD funding will be blended at the state level so that distinctions between HIV and STD funding do not create separations of program delivery.
- z. Strengthen and expand clinical services by providing comprehensive, integrated STD services which adhere to established quality standards at the widest possible range of service sites. (An addendum of suggested standards and sites for service expansion can be obtained from the Planning Staff).
- aa. Strengthen and expand prevention/education services by providing comprehensive, integrated STD services which adhere to established quality standards by expanding roles of public health outreach staff (DIS, TB investigators, Health educators, and Outreach workers) from all communicable disease programs (STD, TB, HIV,

- Immunizations) to include education, testing, referral, and DOT of oral medication for STD. (An addendum of suggested standards and sites for service expansion can be obtained from the Planning Staff)
- bb. Improve ways to get STD surveillance data and improve risk data collection. This might be accomplished by electronic reporting by labs, private physicians, public health hospitals and clinics and interface with the TDH Medicaid program. Socio-sexual risk data collection could be included in morbidity reporting.
  - cc. Marketing to strengthen the focus on STD prevention and treatment State-wide and local targeted media campaigns through both traditional and nontraditional media to increase awareness of importance of STD prevention and treatment and increase knowledge of where to go for treatment. Campaigns/messages should include:
    - ℄ Inclusion of community based organizations and community members in design, implementation, and evaluation.
    - ℄ Development of local technical abilities to develop and disseminate messages and materials promoting STD prevention and treatment.
    - ℄ Culturally competent materials for Texas' diverse population.
    - ℄ Teen-appropriate programming, targeted at schools and other situations/sites where teens may be accessed.
    - ℄ Focus on link between STD/HIV, increased risk for HIV.
    - ℄ Linkage of STD issues with other high profile teen problems such as substance abuse and early pregnancy.
    - ℄ Expand distribution of the Texas HIV/STD Update (i.e., to private physicians, HMOs, all local health departments, etc.)
    - ℄ Include more information on STD treatment and prevention in the Texas HIV/STD Update.
  - dd. Implement named HIV reporting.
  - ee. Ensure surveillance resources at all levels are utilized efficiently. Implementation should include:
    - ℄ development of monitoring tools to assess timeliness, accuracy, and completeness of reporting
    - ℄ standards for various levels of surveillance activities which eliminate duplication and encourage integration of efforts
  - ff. Ensure that Interstate Communication Control Record (ICCR) activities are performed in an accurate, efficient and timely manner and that information is exchanged effectively and appropriately with all jurisdictions in Texas, all other state or territorial jurisdictions and other countries (if needed).
  - gg. Improve compliance with existing reporting requirements. Examples would include:
    - ℄ through education
    - ℄ simplification of procedures
    - ℄ feedback on timeliness and accuracy of reported information
 including requirements to report in accordance with policies and procedures in contracts with providers
  - hh. Improve laboratory compliance with existing reporting requirements. Efforts would include:
    - ℄ education
    - ℄ regular monitoring visits

- ℓ feedback on timeliness and accuracy of reported information
- Laboratory reporting sources will need to be evaluated to determine the appropriate level of activity required to attain and maintain accurate, complete and timely reporting. Coordinate efforts at all levels to simplify the reporting process for laboratories located in Texas and in other states, with more attention given to the larger laboratories and working downward on a tiered system.
- ii. Review and update procedures to ensure correctional facilities, military facilities, managed care organizations, hospitals and other institutions are efficiently, accurately and effectively reporting diseases that occur in their specific populations. A tiered response to individual institutions will increase coordination of surveillance and disease intervention services and ensure their client populations are being diagnosed, treated and reported appropriately.
- jj. Plan a statewide electronic reporting system that utilizes compatible software systems which will minimize the need for paper-based disease reporting, duplicate data entry, redundant reporting activities and maximizes the use of current technologies.
- kk. Increase use of existing behavioral surveillance data through coordination with local and regional providers, health department, and other TDH programs.
- ll. Build local and regional capacity.
- mm. Build capacity at regional and local health departments for training and support.
- nn. Improve the quality and quantity of information provided to reporting sources and others with interest in surveillance data through more frequent and better analyses and communications. Examples would include:
  - ℓ improving the quality of the quarterly statistical report
  - ℓ publishing routine data analyses more frequently
  - ℓ submitting articles to Texas Medicine and other newsletters
  - ℓ updating Internet web pages to reflect current trends in the data
- oo. Establish an active campaign to inform, educate and survey internal and external customers.
- pp. Develop individual position standards.
- qq. Give employees rewards.
- rr. Develop training plans for individuals.
- ss. Assess training needs.
- tt. Conduct customer surveys.